



TRANSMITTAL FORM

Application Serial No.	09/755,706
Filing Date:	January 5, 2001
First Named Inventor	Jimenez
Group Art Unit	2645
Examiner Name	Not yet assigned.
Attorney Docket No.	IPA-001A
Patent No.	Not applicable
Issue Date	Not applicable

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate)
<input type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below)
<input type="checkbox"/> Petition for Extension of Time	<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application	1) Request for Withdrawal as Attorney or Agent (in Triplicate)
<input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations	<input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Amendment After Allowance	
<input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	

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CORRESPONDENCE ADDRESS	SIGNATURE BLOCK
Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibeault, LLP High Street Tower 125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100	Respectfully submitted, Joseph A. Capra, Jr. Attorney for the Applicants Testa, Hurwitz & Thibeault, LLP High Street Tower 125 High Street Boston, MA 02110



PATENT
Attorney Docket No. IPA-001A

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Jimenez et al.
SERIAL NO.: 09/755,706 GROUP NO.: 2645
FILING DATE: January 5, 2001 EXAMINER: Not yet assigned.
TITLE: METHODS AND APPARATUS FOR AN AUDIO WEB RETRIEVAL
TELEPHONE SYSTEM

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the Commissioner for Patents, Washington, DC 20231 on this 7th day of January, 2003.


Olivia J. Marnion

Commissioner for Patents
Washington, D.C. 20231

Sir:

Submitted herewith are: Transmittal Form (1 page); Request for Withdrawal as Attorney or Agent (in Triplicate); and a return-receipt postcard.

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**REQUEST FOR WITHDRAWAL AS
ATTORNEY OR AGENT**

Application No.	09/755,706
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Examiner Name:	Not yet assigned.
Attorney Docket No.:	IPA-001A

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To: Commissioner for Patents
Washington, D.C. 20231

I hereby apply to withdraw as attorney or agent for the above-identified patent application.

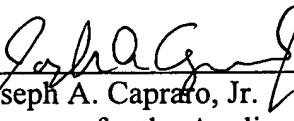
The reason for this request is that our client, the assignee, has ceased all operations, and is not interested in pursuing this matter further.

1. The correspondence address is NOT affected by this withdrawal
2. Change the correspondence address and direct all future correspondence to:
 Customer Number

<input checked="" type="checkbox"/>	Firm or Individual Name	Alfred L. Browne, III				
Address		Browne Rosedale & Lanouette				
Address		100 Brickstone Square, 1st Floor				
City		Andover	State	MA	Zip	01810
County						
Telephone		(978) 684-3841	Fax	(978) 684-3845		
<input checked="" type="checkbox"/> This request is made on behalf of myself and <input checked="" type="checkbox"/> all the attorney/agents of record, <input type="checkbox"/> the attorneys/agents (with registration numbers listed on the attached papers(s)), or <input type="checkbox"/> the attorneys/agents associated with Customer Number						

This request is enclosed in triplicate (including any attachments).

Respectfully submitted,


 Joseph A. Capraro, Jr.
 Attorney for the Applicants
 Testa, Hurwitz & Thibeault, LLP
 High Street Tower
 125 High Street
 Boston, MA 02110

Date: January 7, 2003
Reg. No.: 36,471

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Tel. No.: (617) 248-7369
Fax No.: (617) 248-7100

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*NOTE: Withdrawal is effective when approved rather than when received.
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for a response or possible extension period, the request to withdrawn is normally disapproved.*

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O P E R A T I O N S
P A T E N T & T R ADE M A R K O F F I C E
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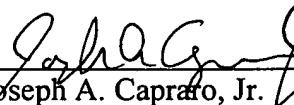
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